

STATE OF MONTANA
DEPARTMENT OF INSURANCE
840 Helena Avenue, Helena, MT 59601
1-800-332-6148 (in state)
(406) 444-2040 - Fax (406) 444-3497
Website – <http://sao.mt.gov>

PROCEDURE FOR RESIDENT BUSINESS ENTITY ORIGINAL LICENSE

1. **Business Entity Application** is completed on behalf of the applicant business entity.
 - a. All affiliates must be qualified for the same lines of insurance as the business entity.
2. **ARTICLES OF CORPORATION.** A photocopy of the Articles of Incorporation as filed with the Montana Secretary of State along with the Certificate of Incorporation as issued by the Montana Secretary of State is required to accompany the insurance license application.
3. **ARTICLES OF CO-PARTNERSHIP OR AGREEMENT.** A photocopy of the Agreement as filed with the Montana Secretary of State along with the certificate of Assumed Name as issued by the Montana Secretary of State is required to accompany the insurance license application. Contact the Montana Secretary of State (See Question 1 for address) for the Certificate of Assumed Name application.

Files are held in abeyance for six months, and if not completed in that time, the file is closed.
4. **ORIGINAL QUALIFICATION LICENSE** is issued to the applicant. The license will indicate the licensee name, persons authorized to act as agents, lines of insurance qualified to solicit, and license number.
5. **APPOINTMENT OF AGENT.** Each insurer you intend to place business with in Montana must first appoint your business entity as their agent PRIOR to soliciting or the placing of that insurance.

AMENDMENT OF LICENSE

The license must be amended at any time you wish to add or delete individuals from the license or change your address.

1. **DELETION OF INDIVIDUALS FROM THE LICENSE**

Submit a letter to the Montana Insurance Department, signed by a member of the business entity, requesting the individual be deleted.

2. **TO ADD INDIVIDUAL TO THE LICENSE**

Submit a letter to the Montana Insurance Department, signed by a member of the business entity, requesting the individual(s) be added.

- a. Must already be qualified for all lines of insurance for which the applicant is seeking a license.

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BUSINESS ENTITY APPLICATION FOR LICENSE

(THIS FORM MAY BE DUPLICATED)

- | | | |
|---|--|---|
| <p>() SOLE PROPRIETOR
() PARTNERSHIP
() CORPORATION</p> <p>() RESIDENT</p> <p>() NEW
() AMENDED</p> | <p>() CASUALTY</p> <p>_____ LICENSE #</p> | <p>() LIFE
() DISABILITY
() PROPERTY
() LIMITED LINES CREDIT
() VARIABLE CONTRACTS
() SURETY
() TITLE
() TRAVEL
() TRIP
() PERSONAL LINES</p> |
|---|--|---|

1. Name of Agency _____
(As certified by the Secretary of State of Montana)
Federal Employer ID# _____

2. Assumed Business Name (if applicable) _____

3. Business Address _____
(Where Ins. License will be posted)

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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4. Mailing Address _____
(If different)

<i>P.O. Box</i>	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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5. Business Phone _____

6. List the partners of the Partnership or officers of the Corporation and their titles. (Not Applicable to Sole Proprietors)

7. List the individuals to be named on your Montana License. (ATTACH SEPARATE APPLICATION FOR EACH INDIVIDUAL NAMED)

NOTE: For non-residents, these individuals must be shown on your state of residence license.

8. Do you understand that UNLESS NAMED ON THE LICENSE, employees, salaried or commissioned, of the applicant may not solicit or transact the business of insurance for the applicant agency? Yes () No ()

9. Have any of the partners, officers, or directors ever been convicted of a felony? Yes () No ()
If yes, attach copies of court documents: _____

10. Has applicant agency* ever, in this or another state, been refused a license or had a license suspended, revoked or had administrative action taken against it? Yes () No ()

*You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If yes, attach copies of court documents: _____

11. Have you ever had an agency contract with a company canceled for a reason other than lack of production or mutual agreement? Yes () No ()

If yes, give details: _____

12. Are you familiar with the laws of Montana governing the solicitation and sale of insurance? Yes () No ()

13. Do you understand that you are not to solicit or sell insurance until a license has been issued to you by the Montana Insurance Department? Yes () No ()

14. Is the transaction of insurance business one of the purposes listed in your Partnership Agreement/Articles of Incorporation? Yes () No ()

Signature of Proprietor, Partner, or Officer